Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowar or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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	For office use only
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Management		
Name of Department or Office Capitol Bailding Des II	Moines, Iowa 50319	2
Mailing Address City	City, State. Zip Code	
s1s.242.4165 Area Code & Telephone No.		- B
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		o :
Caris Seemann		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	24
Email Address	Area Code & Telephone Number (if different	from above)
OONOR OF GIFT OR BEQUEST:		
Community Choice Credit Union	7	
Name		
700 East Lyon Street Des Moines, Iowa 50309	11	
Mailing Address City, State, Zip Code	12/16/2011	
515-243-0994	Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number	"value is defined as "fair market value" of iter receiving department or office. If no value m	m as determined by ark "0.00".
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof: 10 Lofthouse frosted sugar cookies, 2012 Appointmen	t Calendar, and t-shirtvalue unknow	D.
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on behalf of the sta	rte.
tatement of Affirmation:		
affirm that the gift or bequest reported above ssessment of the fair market value (if applicable) is correct and true to the be	is accurate. I further affirm that the information corest of my knowledge.	icerning the donor an
Parla Seemann	12/16/2011	